

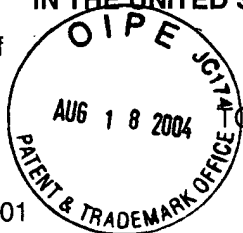
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 249-243

C# M#

SHITARA, K. et al.



C/A.U.

1641

Serial No. 10/009,723

Examiner: GRUN, James Leslie

Filed: December 17, 2001

Date: August 18, 2004

Title: DIAGNOSTIC AGENT AND THERAPEUTIC AGENT FOR DISEASE RELATED TO MONOCYTE AND MACROPHAGE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☒ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	0	minus highest number		
previously paid for	20	(at least 20) =	0 x \$ 18.00	\$ 0.00

Independent claims after amendment	0	minus highest number		
previously paid for	3	(at least 3) =	0 x \$ 86.00	\$ 0.00

If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper)	\$ 0.00
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Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)	\$ 0.00
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Terminal disclaimer enclosed, add \$ 110.00	\$ 0.00
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<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00)	\$ 0.00
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<input type="checkbox"/> Please enter the previously unentered , filed	
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<input type="checkbox"/> Submission attached	
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Subtotal	\$ 0.00
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If "small entity," then enter half (1/2) of subtotal and subtract	-\$ 0.00
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<input type="checkbox"/> Applicant claims "small entity" status.	<input type="checkbox"/> Statement filed herewith
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Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$ 0.00
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Assignment Recording Fee (\$40.00)	\$ 0.00
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Other:	0.00
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TOTAL FEE ENCLOSED	\$ 0.00
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The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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Telephone: (703) 816-4000
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BJS:

NIXON & VANDERHYTE P.C.
By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: _____